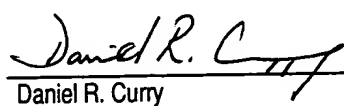


GAU 1645 \$
PATENT APPLICATION

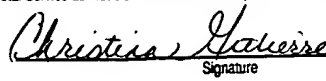
FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER				Attorney's Docket No: A-401B		
Serial No. 08/866,354	Filing Date May 30, 1997	Examiner Robert C. Hayes, Ph.D.	Group Art Unit 1645			
In Re Application of Fox et al.						
For NEUROTROPHIC FACTOR RECEPTORS						
TO THE ASSISTANT COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicants request the following extension of time under 37 C.F.R. 1.136(a): <input type="checkbox"/> One month of original due date (\$110.00) <input checked="" type="checkbox"/> Two months of original due date (\$400.00) <input type="checkbox"/> Three months of original due date (\$950.00) <input type="checkbox"/> Four months of original due date (\$1,510.00) <input type="checkbox"/> Five months of original due date (\$2,060.00) <input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing prosecution application having an express abandonment conditioned on the granting of a filing date to the continuing application. <input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) No. of extra claims present	(6) Rate	(7) Additional Fee
Total Claims	26	Minus	126 =		x \$22	=
Indep. Claims	6	Minus	15 =		x \$82	=
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$270	=
Total Additional Fee for this Amendment						
<p>*If the entry in column 2 is less than the entry in column 4, write "0" in column 5. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____</p> <p>Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ 400.00. A duplicate copy of this petition is attached.</p> <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.</p> <p><input checked="" type="checkbox"/> I, the undersigned, am authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.</p>						
Please Send Future Correspondence To: U.S. Patent Operations/DRC Dept. 430, M/S 27-4-A AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799				<div style="text-align: center;">  Daniel R. Curry Attorney for Applicants Registration No.: 32,727 Phone: (805) 447-8102 Date: December 15, 1998 </div>		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231, on the date appearing below.

December 15, 1998

Date


 Christina Halsey
 Signature

12/22/1998
01 FC:116

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